

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

0051059

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

13012

STATE FILE NUMBER

FILED JAN 16 1964

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN *St. Louis*

Length of stay in lb  
*20 yrs*

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION *WDA Homer G. Phillips*

Inside Limits  
Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

*Mo.*

b. COUNTY

c. CITY  
OR TOWN

*St. Louis*

Inside Limits  
Yes ☒ No ☐

d. STREET  
ADDRESS

*28 21 No Taylor*

Reside on Farm  
Yes ☐ No ☒

## 3. NAME OF DECEASED

(Type or print)

First *Ruby*

Middle

*Singleton*

Last

4. DATE  
OF DEATH

Month

Day

Year

*12*

*25*

*63*

## 5. SEX

*Female*

## 6. COLOR OR RACE

*negro*

## 7. Married

☒ Never Married ☐ Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

*7-26-1909*

## 9. AGE (last birthday)

*54*

## 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

*House wife*

## 10b. KIND OF BUSINESS OR INDUSTRY

*House wife*

## 11. BIRTHPLACE (City and state or country)

*Lubbock Texas*

## 12. CITIZEN OF WHAT COUNTRY

*U.S.A*

## 13a. FATHER'S NAME

*Unknown*

## 13b. MOTHER'S MAIDEN NAME

*Unknown*

## 14. NAME OF HUSBAND OR WIFE

*George Singleton*

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

*no*

*no*

## 16. SOCIAL SECURITY NO.

*[Redacted]*

## 17. INFORMANT

*George Singleton 3821 N. Taylor*

## 18. CAUSE OF DEATH (Enter only one cause per line)

### PART I. DEATH WAS CAUSED BY:

#### IMMEDIATE CAUSE (a)

*Cerebral Apoplexy*  
*Hypertension*

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

#### DUE TO (b)

#### DUE TO (c)

### PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

### PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

## 20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour *[Redacted]* Month, Day, Year *[Redacted]*

## 20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

*[Redacted]*

## 20f. CITY, TOWN, OR LOCATION

*[Redacted]*

## COUNTY

*[Redacted]*

## STATE

*[Redacted]*

21. I attended the deceased from *Aug 1* to *12-25-63* and last saw her alive on *12-25-63*. Death occurred at *[Redacted]* on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

*Walter A. Young, M.D.*

## (Degree or title)

*[Redacted]*

## 22b. ADDRESS

*14635 Easton*

## 22c. DATE SIGNED

*12-30-63*

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

*Burial*

## 23b. DATE

*1-2-64*

## 23c. NAME OF CEMETERY OR CREMATORY

*Greenwood Cemetery*

## 23d. LOCATION (City, town, or county)

*St. Louis*

## (State)

*Mo*

## 24. FUNERAL DIRECTOR

*A.H. Burks*

## ADDRESS

*3901 Ashland*

## 25. DATE RECD. BY LOCAL REG.

*DEC 30 1963*

## 26. REGISTRAR'S SIGNATURE

*Paul Smith, M.D.*

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

8301200

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *John White*

Licensed Embalmer No. 4628

P. O. Address 1238 N. Kuykendall

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

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